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Substitute for form 1449A/PTO Complete if Known **Application Number** 10/781,309 INFORMATION DISCLOSURE Filing Date 2/18/2004 STATEMENT BY APPLICANT **First Named Inventor** Backes (use as many sheets as necessary) Art Unit **Examiner Name** Not yet known Sheet of Attomey Docket Number 160-019

			U.S. PATE	NT DOCUMENTS	
Examiner	Cite	Document Number	Publication Date	Name of Patentee or	Pages, Columns, Lines, Where
Initials*	No.1		MM-DD-YYYY	Applicant of Cited Document	Relevant Passages or Relevant Figures Appear
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Date

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'Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). 'For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. 'Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. 'Applicant is to place a check mark here if English language Translation is attached.

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*Seler Office that issued the document, by the two-letter code (WIPO Standard ST.3). *For Japanese patent documents, the incleation of the year of the reign of the Emperor must precede the serial number of the patent document. *Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. *Applicant is to place a chock mark here if English language Translation is attended. Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Complete if Known Substitute for form 1449B/PTO 10/781309 **Application Number Filing Date** 2/18/2004 INFORMATION DISCLOSURE First Named Inventor **Backes** STATEMENT BY APPLICANT Group Art Unit (use as many sheets as necessary) **Examiner Name** of | 2 Attorney Docket Number 160-019 Sheet

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Examiner Initials*	Citta, No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publishor, city and/or country where published,	1
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